PRINTED: 03/13/2015 FORM APPROVED

## Division of Public and Behavioral Health

NAME OF PROVIDER OR SUPPLIER  MEDICAL SERVICE OF AMERICA HOME HEALTH AND  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  2520 SAINT ROSE PKWY STE 220  HENDERSON, NV 89074  (X4) ID  PROVIDER'S PLAN OF CORRECTION  (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2520 SAINT ROSE PKWY STE 220 HENDERSON, NV 89074   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  L 000 INITIAL COMMENTS  This statement of deficiencies was generated as a result of an attestation received 03/10/2015, in accordance with Nevada Administrative Code (NAC) Chapter 449, Provisions of Hospice Care.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations,									
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available to any party under applicable federal, state or local laws.  No further action is necessary. Please retain a copy of this report for your records.	1 2 3 () 1 1 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	This statement of defaresult of an attestate accordance with Nev (NAC) Chapter 449, If the findings and concept the Health Division prohibiting any criminactions or other claim available to any party state or local laws.	ficiencies was generated tion received 03/10/2015 rada Administrative Code Provisions of Hospice Calclusions of any investigations of shall not be construed hal or civil investigations, has for relief that may be under applicable federal eccessary. Please retain	i, in e are. ation as					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE